

Van Derveer (A)

CASE OF SUBCUTANEOUS SECTION OF FEMUR
ABOVE TROCHANTER MAJOR.*

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Believing that cases amongst which we would class the following are not so very numerous, I have thought best to report this one.

Miss P., aged 19, possessing a bright, happy expression of the face and very cheerful disposition, through the kindness of Dr. S. Peters, of Cohoes, came under my observation first in September, 1881, giving the following history:

At the age of two years she fell down stairs, and shortly after she was noticed to turn slightly when walking, and soon complained of pain in the knee. She was treated for rheumatism. Three years after the limb began to contract, and an extension splint was applied. Shortly afterwards, when the splint was removed, she fell again, injuring the same limb. After this the joint underwent severe inflammatory changes, suppuration taking place, and finally ankylosis resulted.

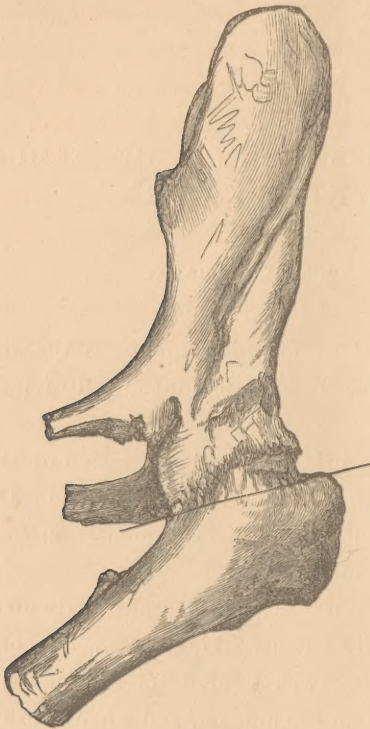
At the time she entered the Albany Hospital—October 5, 1881—the leg was ankylosed at the hip joint; it was partially flexed on the body and adducted, the knee being thrown in front of the right one. She walked by the aid of a raised shoe and cane, turning the whole pelvis, there being extreme mobility, as well as a curvature anteriorly of the spine in the lumbar region.

* A portion of this paper was read at the meeting of the New York State Medical Society, February, 1882, but not published in full until the result was known more positively.



When lying in bed the leg was flexed and the curvature in the lumbar region very marked.

For the relief of the deformity which made sitting and walking so difficult it was decided to do a subcutaneous section of the neck of the femur. October 10, the patient having been put under ether by Dr. Mosher, assisted by Drs. Ward, Snow, Hailes, Vander Poel, Jr., and house staff, I made an incision a little over the top of the great trochanter, and divided the muscles down to the neck of the bone by the use of Shrady's trocar with saw. So far the operation was subcutaneous, but, on attempting to use the saw (which for a time gave us great embarrassment, trying to saw from within out, thus avoiding the femoral vessels), it broke off in the wound,



LINE OF SECTION OF NECK OF FEMUR. necessitating its enlargement, which was done antiseptically under the spray. The broken saw was removed with some difficulty, and the operation proceeded with, the section of bone being completed by an ordinary long, narrow, metacarpal saw.

It was found necessary, after the section of the bone, which was made just above the trochanter major, to perform tenotomy on the tendons of the adductor muscles.

The figure, copied from a specimen in my private museum, Albany Medical College, gives a very fair illustration of the supposed condition of the joint and position of the femur, also the direction of the incision through remains of the neck of the bone.

Extension was then applied to the limb by means of the stocking and bandage, with about fifteen pounds weight, and kept up for about six weeks. A small abscess formed at the point of the tenotomy, but the wound over the trochanter healed kindly.

There was considerable oscillation of the temperature, it occasionally going quite high. This, however, gradually improved, and, at the end of about seven weeks, she was allowed to sit up, and soon after attempted to use the crutches. The condition at this time was about as follows: The limb is nearly straight with the spine when lying on her back, the shortening being only about one and a quarter inches.

January, 25, 1882, one hundred and seventeen days after the operation, she writes: "In lying on my back and with the limb straight, the knee is raised somewhat, but not uncomfortably so; on either side I lie naturally. The position when sitting is upright, and a slight bending forward is possible. As I bear more weight on the foot, I find my back is not as straight as was at first supposed—not as before, however, deformed. With the cane I walk easily, not being obliged to turn as those with a stiff joint; without it I do not walk well, but bend toward that side. I do not think the motion of the hip joint increases very much. The foot cannot be reached as the other is, but only by bringing it backward. This is the only difference I notice in the use of the limbs."

The patient's parents write that the improvement is far beyond any thing they had expected.

In a letter dated October 10, 1882, she says: "One year ago to-day, at this time in the evening, I felt as though I had been used pretty badly, but I have changed my mind since then. To-day I think I never took a better step in my life than the one I took in getting upon that dreadful operating table. I do not regret it in the least. I wish you might see me for yourself. Since the middle of June I have walked without my cane—at first awkwardly and fearfully, but now easily, and, I think, without much limping. My general health is excellent. I do

not find myself inconvenienced by my lameness at all. In fact, I hardly believe myself the same girl who went to the hospital a year ago. When getting about after my return home, had to have all my clothing changed, dresses being too short, and in many ways my form has altered decidedly."

July 12, 1883, I made an examination of Miss P.'s case, and found the improvement in her walk, the erect position she assumes in standing, and the ease with which she can sit down, and also bend forward in putting on her shoe and stocking, to be truly wonderful. The apparent curvature of the spine has disappeared. There is, without doubt, some motion at the hip, which she is sure is increasing. In walking, a stranger would scarcely notice any defect. The limb has developed in size, and, as regards length, she wears the shoe of that foot raised only about half an inch.

The case may be looked upon, I think, as in every way a decided success.

The saw was repaired by Messrs. Tieman & Co., who found a flaw at the point of breaking, and in another similar case I should certainly use it.